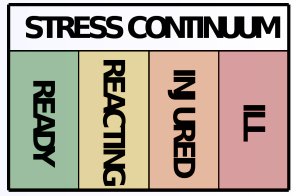
Leader Transition

Re-Deployment Operational Stress Workshop for Marine Leaders

Revised: 29 May 2008

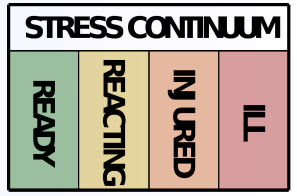
Homecoming

Overview and Purpose



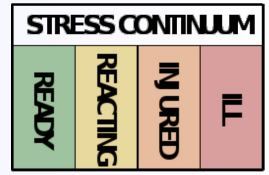
- Explain to leaders what your Marines will see in their Warrior Transition Brief
- Review COSC Continuum
- Review COSC Decision Matrix as a tool for post-deployment monitoring
- Understand normal process of readjustment to home and garrison
- Address safety risks immediately following deployment
- Mitigate risk for post-deployment problems
- Know available resources for help when needed
- COSC Leader Responsibilities:
  - **Give meaning to unit members and families for the deployment and sacrifices made**
  - **Encourage end-of-deployment AAR discussions**
  - **Honor casualties**
  - **Reduce stigma: create a climate where it is OK to get help**

Topics Covered for Marines: Warrior Transition



- Transition to home considerations
  - Married, single, all
- Sources of Operational Stress
- Children Considerations by Age Stage
- COSC Continuum Model
- Common Stress Symptoms
  - Ready
  - Reacting
  - Injured
  - Ill
- Stress Management Skills and Resources
- Recap of Deployment

Sources of Operational Stress



PHYSICAL	• Heat • Dehydration • Injury or illness • Cold • Sleep deprivation • Toxins
THINKING	• Being hyper-focused • Boredom • Uncertainty • Lack of information • Too much information
EMOTIONAL	• Fear of injury or death • Fear of failure • Hatred • Horror • Guilt or shame
SOCIAL	• Being away from loved ones and friends • Loss of personal space • Isolation
SPIRITUAL	• Life doesn't make sense like it used to • Challenge of faith • Moral conflict

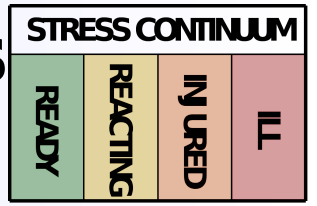
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Combat Operational Stress Continuum Decision Matrix

READY	REACTING	INJURED	ILL
DEFINITION • Good to Go • Well-Trained • Fit and Tough • Adaptive Coping **SIGNS** • Effective Functioning • Calm and Steady • In Control • Getting the Job Done **ACTION** • Monitor for signs of distress or stress reactions in future if concern arises	**DEFINITION** • Some impairment in job functions or relationships • Mild transient distress **SIGNS** • Some anxiety or irritability • Poor sleep; poor mental focus • Nightmares; easily startled • Loss of social interest • Some change from normal behavior **ACTION** • Ensure adequate sleep/restoration • Refer to Chaplain or Medical if there is no improvement •After Action Reviews	**DEFINITION** • More severe or persistent distress or impairment • More lasting scars on behavior or personality **SIGNS** • Lost emotional control at some point • Can't sleep • Disruptive nightmares or memories/flashbacks • Social withdrawal • Panic/rage episodes • Loss of concern for usual beliefs/values **ACTION** • Enforce rest and recuperation (24-72 hours) • Refer to Medical if no improvement	**DEFINITION** • Stress injuries that won't heal without medical intervention • Diagnosable illnesses (Such as: PTSD; depression; anxiety; substance abuse) **SIGNS** • Stress problems that last several weeks post-deployment • Not getting better or getting worse • Impacting work or relationships **ACTION** • Refer to Medical • Ensure treatment compliance •Monitor back to full duty

READY TO FIGHT
HEALTHY AT HOME
COMBAT OPERATIONAL STRESS CONTROL

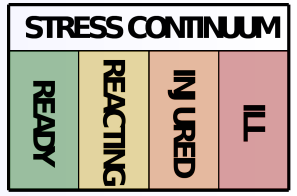
Combat Operational Stress Continuum for Marines



READY	REACTING	INJURED	ILL
• Good to go • Well trained • Prepared • Fit and tough • Cohesive units, ready families	• Distress or impairment • Mild, transient • Anxious or irritable • Behavior change	• More severe or persistent distress or impairment • Leaves lasting evidence (personality change)	• Stress injuries that don't heal without intervention • Diagnosable • PTSD • Depression • Anxiety • Addictive Disorder

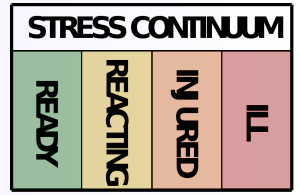
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Recognizing Stress Problems



READY	REACTING
• Calm and steady • Confident and competent • Getting the job done • In control • Sense of humor • Sleeping enough • Eating the right amount • Working out, staying fit • Playing well and often • Active socially, spiritually • Able to cope overall	• Feeling anxious, worrying • Irritable or grouchy • Short tempered or mean • Cutting corners on the job • Trouble sleeping • Eating too much or too little • Apathy, loss of interest • Keeping to oneself • Negative, pessimistic • Doubts over ability to cope

Recognizing Stress Problems



INJURED	ILL
• Loss of control of body function, emotions, or thinking • Can't fall or stay asleep • Recurrent vivid nightmares • Intense guilt or shame • Attacks of panic or rage • Inability to enjoy activities • Disruption of moral values • Serious suicidal or homicidal thoughts	• Stress injury symptoms that last for more than several weeks even after stress is relieved • Symptoms that get worse over time instead of better • Symptoms that get better for awhile but then come back worse

Stress Outcome Spectrum: Reactions Versus Injuries

Stress Reactions

- Common
- Always temporary
- Mild distress or loss of function
- Self-correcting

Stress Injuries

- Less common
- May leave a scar
- More severe distress or loss of function
- May heal faster with help

Mechanisms of Stress
Injury

Biological
Memory problems: Damage to memory center (hippocampus)
Overreaction: Lowered threshold for fear response (amygdala)
Hypervigilance: Neurotransmitters on overdrive (norepinephrine)
Depression/anxiety: Neurotransmitters get used up (serotonin)
Personality change: Diminished control of emotion and impulses

Psychological
Trouble making sense of fragmented memories
Lost sense of safety in the world
Severe self-blame or guilt
Grief over lost friends and acquaintances
Feeling out of control

Social
No answers to the big questions anymore
- ✓ What is important anymore?
- ✓ How do I forgive myself and others?
- ✓ Who can I trust?

Loss of social support

READY TO FIGHT — HEALTHY AT HOME

Combat Operational Stress Control

Marine or Sailor Under Stress

STRESS CONTINUUM

READY	REACTING	INJURED	ILL

Are there signs of *DISTRESS* or *LOSS OF FUNCTION*?

NO

Green Zone (Ready):

- Good to Go. Continue to monitor for signs of distress or loss of function in the future if concerned

YES

Distress or Loss of Function:

- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Hyperactive startle responses to noises

Is the distress or loss of function *SEVERE*?

NO

Yellow Zone (Reacting):

- Ensure adequate sleep & rest
- Manage home-front stressors
- Discussions in small units
- Refer to chaplain or

YES

***SEVERE* Distress or Loss of Function:**

- Difficulty performing normal duties
- Inability to fall asleep or stay asleep
- Any change from normal personality
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Serious suicidal or homicidal thoughts
- Loss of usual concern for moral values

Has the distress or loss of function *PERSISTED*?

NO

Orange Zone (Injured):

- Keep safe and calm
- Rest & recuperation 24-72 hrs.
- Refer to medical or chaplain
- Mentor back to full duty and function

YES

***PERSISTENT* Distress or Loss of Function:**

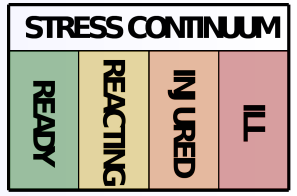
- Stress problems that last for more than several weeks post-deployment
- Stress problems that don't get better over time
- Stress problems that get worse

Red Zone (Ill):

- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Reintegrate with unit

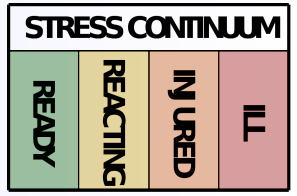
Combat Operational Stress Decision Flowchart

Stress Management Tools



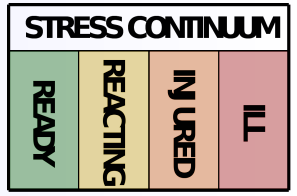
- **Combat Stress Decision Matrix**
- **Individual Stress Management Tools**
- **COSC Leadership Skills**
- **Stress Management Professional Resources**

COSC Leader Responsibilities



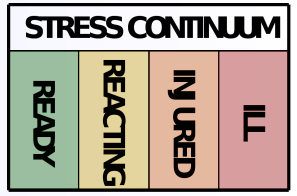
- **COSC Leader Responsibilities:**
  - **Give meaning to unit members and families for the deployment and sacrifices made**
  - **Encourage end-of-deployment AAR discussions**
  - **Honor casualties**
  - **Reduce stigma: create a climate where it is OK to get help**

Help Unit Understand Meaning of Deployment and Sacrifices



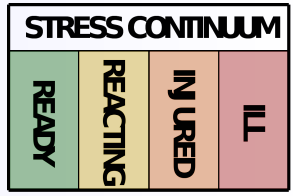
- Acknowledge challenges
- Acknowledge sacrifices of unit
- Acknowledge lost Marines and those who were seriously injured
- Communicate summary of deployment successes and accomplishments

After Action Reviews (AARs) A Unit Leader COSC Tool



- Conducted by small unit leaders after significant training and operational event, especially if casualties
- Atmosphere of trust and honesty
- Goals:
  - Establish common perceptions (what happened)
  - Disseminate lessons learned (why it happened)
  - Restore lost trust and confidence (why it won't happen again)
  - Discourage blame and self-blame (why it wasn't their fault)
  - Identify who may have a physical or stress injury (who needs help)
- Not group therapy
- But encourage Marines to tell their stories
- No outsiders present during discussion

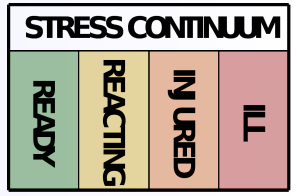
Honor Casualties



- Memorial ceremonies during deployment
- Memorial ceremonies upon return
  - Summary ceremony for everyone
  - May be done by higher headquarters, all inclusive
- Visits to local families by unit leaders
- Visit and remember Wounded Warriors
- Connect Marines who get out with Veterans Affairs and Hometown LINKS and Marine For Life

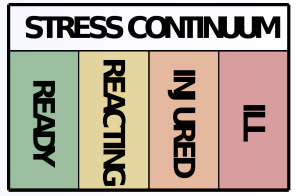
(https://www.m4l.usmc.mil/faqs.aspx)

Stigma Reduction



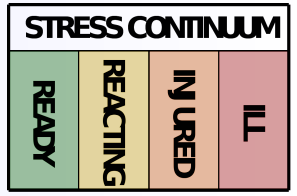
- Understand that stress problems affect unit readiness as well as long-term health of Marines
- Make it OK for Marines to seek the assistance for stress problems that they deserve
- Make sure leaders at all levels in the unit promote seeking help for stress problems
- Make it OK for Marines to identify stress problems in their fellow Marines and make referrals to assistance available in the chain of command (chaplain, medical department)

Misconduct



- Uncharacteristic misconduct after deployment is a red flag for possible combat stress or Mild Traumatic Brain Injury
- Such cases should be referred to a qualified mental health professional for evaluation as soon as possible
  - Screening is for the good of the Marine
  - The sooner a Marine gets treatment, the better the chances for successful recovery
- If the Marine refuses further evaluation, the Commander may order the Marine to comply using Command-Directed Mental Health Evaluation procedures
- Marines should still be held accountable for their misconduct

Leadership Responsibilities

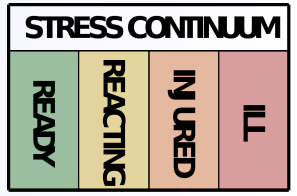


- Monitor and be a good observer of stress continuum changes in Marines

- Continue to apply the five core COSC leadership functions with particular emphasis now on the last three
  - Strengthen
  - Mitigate
  - **Identify**
  - **Treat**
  - **Reintegrate**

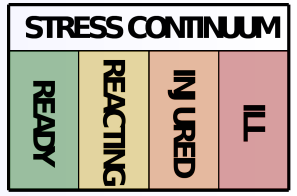
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Identify



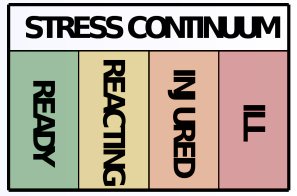
- **Leaders:**
  - Know your Marines and their stress loads
    - Understand the Stress Continuum and stress zones
    - Utilize the Decision Matrix and Decision Flowchart
    - Recognize and identify stress reactions, injuries, illnesses
    - Recognize degradation to unit cohesion
    - Encourage unit Marines to identify stress problems in selves and watch out for each other
    - Use After-Action Reviews (AARs) in small units to defuse stress and identify those who may need help

Treat



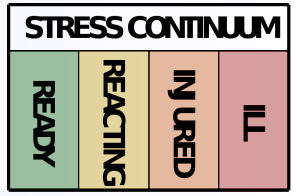
- **Leaders:**
  - Create an environment where it is OK to get help
  - Utilize Combat Operational Stress First Aid (COSFA) Five “C’s
    - Cover, Calm, Connect, Confidence, Coordinate Care
  - Refer to Chaplain
  - Refer to Medical
  - Refer to Mental Health

Reintegrate



- **Leaders:**
  - Expect return to full duty
  - Keep with unit if possible
  - Communicate with treating professionals (both ways)
  - Fight stigma, harassment
  - Continually monitor fitness for duty

Scenario One: The Marine

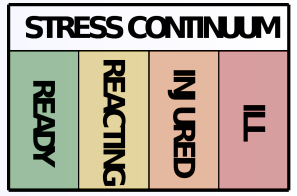


A Marine is coming home after the deployment. His wife and children are really excited to see him. His wife is very confident that the warmth of his love and reuniting with the children will sustain him and will also return their relationship to normal. His wife eagerly anticipates life and the normalcy of the relationship after he returns.

However, when he comes back, there is a distance. He is having problems sleeping, seems to be on edge a lot, and seeks to be alone much of the time at night. Plus, the intimacy just isn't there like it used to be. He is doing great at work, and is trying hard to reconnect with the family.

- **How serious is this problem?**
- **What should be done?**

Scenario One: The Marine Answer



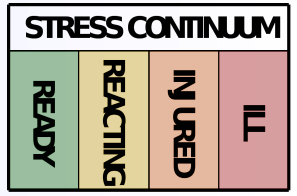
- **How serious is this problem?**

  This Marine is in the orange zone. He needs to be understood and integrated slowly back into the family.

- **What should be done?**

  He needs to see a professional counselor and get treated before these symptoms get worse.

Scenario Two: The Spouse

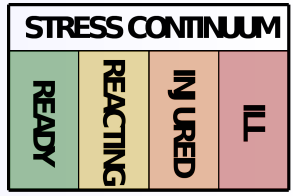


A Marine gets home, and he is fine. He has some minor adjustment problems, but is really glad to see his wife and children, doesn't really want to spend any time with his unit buddies, and is genuinely glad to be home. He reports, luckily, that he really didn't see anyone get killed or badly hurt, and is really really thankful for it.

The spouse, however, hasn't adjusted as well. Even though her Marine is home and doing well, she greatly resents having had to "give up her life" while he was gone. She is angry at the two kids (ten year old girl and five year old boy) and has gained thirty-five pounds on her pre-deployment 5'7", 125 pound frame. She also spends lots of time crying and feels generally bad almost all the time.

- **How serious is this problem?**
- **What should be done?**

Scenario Two: The Spouse Answer



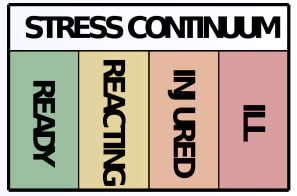
- **How serious is this problem?**

  She is in the orange zone possibly moving to the red zone. It is likely that she is suffering from depression, and her over-eating is a result of this.

- **What should be done?**

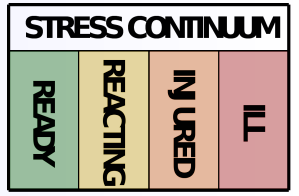
  She should see her family doctor immediately and report all symptoms. Her doctor may refer her to a psychiatrist for follow-on care and medication, or may see her for awhile and treat her, following her progress closely. She might also want to join a support group of some sort (unit, church).

Other Topics To Be Discussed With You and Your Marines



- What was good?
- What was bad?
- How have you changed?
- What are techniques to help with transition?

Where To Get Help



- **Corpsmen**
- **Chaplains**
- **Unit medical** (BAS, RAS, GAS, etc.)
- **Operational Stress Control and Readiness (OSCAR) mental health team, if your unit has one**
- **Medical Treatment Facilities (Hospitals and Clinics)**
- **MLG Surgical Company Forward**
- **Marine and Family Services Counselors**
- **Military OneSource** (www.militaryonesource.com)
- **Vet Centers** (www.va.gov/rcs)
- **HQMC COSC** (www.manpower.usmc.mil/cosc)
- **Marine Leaders Guide** (www.usmc-mccs.org/leadersguide)

Questions?

www.manpower.usmc.mil/cosc